| POSITION | INITIALS | ID NO. | DATE |
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| | *ml* | | 07/16/0 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | *DN* | 32 | 7/23 |
| FORMALITY REVIEW | *SP* | 1027 | 08/27/01 |
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| Claim | | Date | | Claim | | Date | | Claim | | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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